

760905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

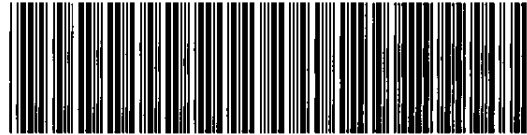
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800207933548

05/23/11--01005--018 **35.00

FILED
11 MAY 20 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA Change
Tellers

5-24-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Harbourage II Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 760905

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Scott
Name of Contact Person

Alliance Property Management Solutions, LLC
Firm/Company

PO Box 36
Address

Largo, Florida 33779-0036
City/State and Zip Code

Robert.scott@apmsmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Scott at (727) 269-5200
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

11 MAY 12 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E045 (8/05)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2011

ROBERT SCOTT
ALLIANCE PROPERTY MANAGEMENT SOLUTIONS
P. O. BOX 36
LARGO, FL 33779-0036

SUBJECT: THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 760905

We have received your document for THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 111A00011871

RECEIVED
11 MAY 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Harbourage II Condominium Association, Inc.
2. The principal office address: 12800 Indian Rocks Road, Suite 1
Largo, Florida 33774
3. The mailing address (if different): PO Box 36 Largo, Florida 33779-0036
4. Date of incorporation/qualification: 12/4/1981 Document number: 760905
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MAUREEN C REARDON

4151 WOODLANDS PARKWAY

PALM HARBOR FL 34685 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Scott

12800 Indian Rocks Road, Suite 1

P.O. Box NOT acceptable

Largo, Florida 33774

FILED
11 MAY 20 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carol N. Monas
Signature of an officer or director

Carol Monas, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

5/9/2011
Date

If signing on behalf of an entity:

Robert Scott

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314